



This assessment is: ☐ Initial ☐ Review

PROTECTIVE PAYEE ASSESSMENT

1. COMMUNITY SERVICES OFFICE (CSO)	
2. SOCIAL WORKER/CASE MANAGER'S NAME	3. TELEPHONE NUMBER
4. RECIPIENT'S NAME	
5. RECIPIENT'S ASSISTANCE UNIT ID NUMBER	6. RECIPIENT'S CASE ID NUMBER

SECTION I. REASON PROTECTIVE PAYMENTS ARE NEEDED

Check the applicable box(es) below. There must be documentation in the case file to support checked items.

- ☐ 1. TANF/SFA (Temporary Assistance to Needy Families/State Family Assistance) relative payee failed to participate in WorkFirst activities without good cause. (WAC 388-265-1300)
- ☐ 2. Emergency makes a caretaker relative unable to care for their dependent children (WAC 388-265-1200)
- ☐ 3. Mismanagement of funds (check the applicable box(es)).
- ☐ TANF/SFA/ General Assistance to Pregnant Women (GA-S) client is a pregnant or parenting minor (WAC 388-265-1200) (Teen assessment in the case file).
- ☐ TANF/SFA/Working Connections payment recipient failed to pay in home childcare provider (WAC 388-290-030)
- ☐ Complaints from vendors show a pattern of failure to pay bills or rent. (WAC 388-265-1250(1)(g))
- ☐ Observation of TANF/SFA/General Assistance (GA)/Supplemental Security Income (SSI) client or their children are hungry, ill, or not adequately clothed. (WAC 388-265-1250(1)(a))
- ☐ Repeated requests for more money, for example Emergency Additional Requirements, for basic essentials such as food, utilities, clothing and housing. (WAC 388-265-1250(1)(b))
- ☐ Client has a series of evictions or utility shutoffs not due to lack of funds. (WAC 388-265-1250(1)(c))
- ☐ Medical or psychological evaluations indicate the client cannot manage their funds. (WAC 388-265-1250(1) (d))
- ☐ An alcohol/drug assessment for the client which confirms incapacity due to alcoholism or drug addiction. (WAC 388-265-1250(1)(e))
- ☐ Other: _____
- _____ WAC 388-265-1250(3)

SECTION II.

1. TANF/SFA relative/client or GA/SSI client disagrees with the decision that they mismanage money.

☐ Yes ☐ No **Attach supporting evidence.**

2. Evaluation of evidence and situation indicates protective payee <input type="checkbox"/> is <input type="checkbox"/> is not required.	SOCIAL WORKER'S/CASE MANAGER'S SIGNATURE		DATE
3. CLIENT'S SIGNATURE	DATE	<input type="checkbox"/> Client Unavailable/Non-cooperative	
4. COMMENTS			
5. Supervisor reviewed and agrees with Social Worker/Case Manager decision: <input type="checkbox"/> Yes <input type="checkbox"/> No	SUPERVISOR'S SIGNATURE		DATE

How to Complete and Use the Protective Payee Assessment, DSHS 14-349A(X)

Completing this Form

1. The Social Worker/Case Manager completes a Protective Payee Assessment, DSHS 14-349A(X), when it appears that a client may need a protective payee. This is an evaluation process. All issues must be reviewed. When the decision is made that a client needs to be assigned to a protective payee, this form is completed. The client may still claim assignment is not needed in Section II.

An assessment is completed at each regular review of protective payee status.

The Social Worker/WorkFirst Case Manager:

- a. Enters Items 1 through 6.
 - b. Checks the appropriate boxes in Section I and as needed.
2. The Social Worker/Case Manager discusses the situation with the client.
 - a. If the client disagrees with assignment to a protective payee, complete Item 1, Section II.
 - b. The Social Worker/Case Manager completes and signs/dates the form (Item 2).
 - c. If the client is available, the client signs and dates the form (Item 3).
 - d. If the client is non-cooperative or unavailable, the Social Worker/WorkFirst Case Manager checks the box, dates the form, and adds appropriate comments in the space provided (Item 4).
 3. The Social Worker or WorkFirst Case Manager Supervisor reviews the assessment. If they concur, they sign and date the assessment (Items 5).
 4. The Social Worker/WorkFirst Case Manager distributes the plan.
 - a. Place the original in the service/WorkFirst file.
 - b. Give/send a copy to the client.
 - c. Place a copy in the financial file.
 - d. Give/send a copy to the Protective Payee vendor.

Client Rights and Notification Regarding the Protective Payee Assessment, DSHS 14-349A(X)

Client Notification

If assignment to a protective payee is required, the client must be notified within ten (10) days of the action.

Fair Hearing Information

If you disagree with the decision assigning you to a protective payee or this assessment, you can ask for a fair hearing. To request a fair hearing, contact the Community Services Office (CSO) or write to the Board of Appeals, Department of Social and Health Services, PO Box 2465, Olympia WA 98504. You must request a hearing within 90 days of the date you receive your copy of this assessment.

At the hearing, you have the right to represent yourself, be represented by an attorney or by any person you choose. You may be able to get free legal advice or representation by contacting an office of legal services.

Department Conference

You may have a conference with a financial worker, WorkFirst Case Manager, social worker, or supervisor to discuss the action proposed in this letter. Having a conference will not delay or replace a fair hearing and it may resolve the problem sooner.

Non-Discrimination

Our programs are provided for everyone without regard to race, color, sex, age, handicap, religious or political beliefs, or country of birth.